

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007306

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2201 Registrar's No. 851. PLACE OF DEATH
a. COUNTY Jasperb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN JoplinLength of stay in lb
7 Days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Cherokeec. CITY
OR
TOWN GalenaInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St John HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
1206 East 7thReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ANNIE

Middle

Last
LAPPIE4. DATE
OF
DEATHMonth Day Year
February 12 19635. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
6-11-18819. AGE (last birthday)
81IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Home11. BIRTHPLACE (City and state or country)
Dade Co. Missouri U.S.A.

13a. FATHER'S NAME

John Epperson

13b. MOTHER'S MAIDEN NAME

Mayhley Harris

14. NAME OF HUSBAND OR WIFE

W. M. Lappie15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs Nell Ryan Galena, Kansas18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.Hypostatic Pneumonia
Generalized Atherosclerosis
SemilityINTERVAL BETWEEN
ONSET AND DEATH2 yrs
20 yrsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
Hemiplegia. Old CVAPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1950
Death occurred at 1206 East 7thand last saw her live on 12 Feb 63
on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert B. Bunch MD

22b. ADDRESS

Joplin Mo

22c. DATE SIGNED

Feb 15 196323a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

Feb. 15, 63

23c. NAME OF CEMETERY OR CREMATORY

Hilcrest Cemetery

23d. LOCATION (City, town, or county)

Galena, Kansas

24. FUNERAL DIRECTOR

ADDRESS

KITCH-HURLEY MORTUARYGalena, Ks.

25. DATE RECD. BY LOCAL REG.

2-15-1963

26. REGISTRAR'S SIGNATURE

Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 3
0218

1
2
0
0

D-E

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ ^{was not} embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert A. York

Licensed Embalmer No. 5193

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.